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AUTHOR Towers, David A.
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ABSTRACT

The works of Kegan and Guidano have presented cognition and emotion as complementary modes of knowing that develop together. Cognition is conceived of as being concerned with the knowledge of reality, and emotions are conceptualized as people's system for knowing of their relationship to that reality. Adult children of dysfunctional families are a pluralistic group yet share certain characteristics of self-centeredness, dishonesty, fear, and physical illness. Intense emotional arousal interferes with effective thinking, and distorted thinking propagates inappropiate emotional arousal. Over time these patterns are identified with different types of patterns that inhibit further adaptive development. There are methods which facilitate the growth of individuals beyond their functioning. The role of a therapist in this process usually involves challenging the world views of the client. Ivey (1986, 1988) suggests facilitating the client's construction of new world views using a neo-Piagetian schema for identifying the level of cognitive operations at which the client is functioning. Adult children of dysfunctional families are often pained and confused survivors who welcome a chance for freedom from the bondage of their own viewpoints and the joy of becoming. (ABL)

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COGNITIVE DEVELOPMENTAL THERAPY: AIDING ADULT CHILDREN OF DYSFUNCTIONAL FAMILIES

David A.Towers, Ph.D.
Department of Psychology, Heidelberg College
Tiffin, Ohio 44883

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Cognitive Developmental Therapy:
Aiding Adult Children of Dysfunctional Families

INTRODUCTION

Adult children of alcoholics have increasingly come to the attention of mental health professionals. There are a variety of reasons why, not the least of which includes an increasing awareness of the influences of chemical abuse on the family and the nation. In my experience with adult children of alcoholics over the last several years, I have become aware of the growing number of participants whose parents were not alcoholic but who recognize in their families patterns of behavior similar to those described by adult children of alcoholics. My clinical observations have tended to confirm this recognition. Because these individuals' family experiences have affected their childhoods and are now influencing their adult lives, a developmental perspective may aid these individuals in the resolution of their difficulties.

There are a variety of developmental perspectives that have recently been asserting themselves as being viable strategies for change (Drum and Lawler, 1988; Greenberg and Safran, 1987; Guidano, 1987; Kegan, 1982; Ivey, 1986, in press; Mahoney and Lyddon, 1988). Since I have found these perspectives helpful to me in my work with individuals and dysfunctional families, I intend to present a cognitive-developmental conceptualizatio that I have found useful in the hope that it will likewise be meaningful and useful to you.

In recent years, a cognitive revolution has taken place in psychology and most recently has been making itself felt very dramatically in the theories of counseling and psychotherapy. Mahoney and Lyddon (1988) have argued that constructivistic approaches to the cognitive therapies are better representative of human psychological functioning than the rationalist tradition exemplified in Ellis' model. They suggest that rationalist accounts are reductionistic, and do not adequately speak to the affective and contextual factors involved. The traditional cognitive approaches have likewise been criticized for lacking with respect to addressing the questions of change and development across the lifespan. Kegan (1982) has suggested that the cognitive developmental approach incorporates affective and contextual concerns in its own unique way as well as the best of other models such as object relations.

The works of Kegan (1982) and Guidano (1987) present a model of the person based on a conception of the Self as an evolutionary development of a complex living system whose function is to promote the adaptive maintenance and enhancement of the human organism. This self system is conceived of as a human knowing system which is self-organizing, self-referenting, and which proceeds through developmental stages -- a series of renegotiated equilibriums. Development is viewed as resulting from the assimilation of and accommodation to perturbations stemming from ongoing interactions with the world. The human being is seen as an epistemoligical organism whose ability to adapt is reflected in his/her ablity to renew him/herself in increasingly complex and integrated ways so as to facilitate better understandings and more effective interactions with the self and reality.

COGNITIVE-DEVELOPMENTAL SYSTEMS AND STRUCTURES

The works of Kegan (1982) and Guidano (1987) have presented cognition and emotion as complementary modes of knowing that they develop together. Cognition of as being concerned with the knowledge of reality, and emotions are conceptualized as our system for knowing of our relationship to that reality -- the what and how of knowing, respectively. Our modes of knowing are reflected in the two central themes of life: love and work; the ascendency of one or the other continually shifting throughout our daily lives, incidentally as well as intentionally. These modes of knowing operate within contexts that elicit independence and competence as successful solutions to adaptation and self-efficacy, but in so doing may result in feelings of loneliness and separation from the comforts of connectedness and belonging. Conversely, our apparent needs for inclusion and connection may threaten our sense of an autonomous, competent self with being swallowed up.

These modes of knowing are conceived of as a system whose components are only relatively autonomous due to the fact that they each are engaged in the process of working for the greater good (or ill) of the organism. In the process, their cumulative efforts must be coordinated. As a result, each system influences the work and outcomes of each other system. Therefore, problems do not occur only in the cognitive, or only in the affective domains. If there is a problem, there is a problem in the entire Self; all the components comprising it as well as the total system containing it. Problems in any one individual also represent potential problems within the larger system(s) in which that individual is engaged (family; work; social).

Kegan (1982) and Guidano (1988) have suggested that the dangers to our psychological functioning lie in threats of destabilization to our existing cognitive, effective and bodily equilibrations during each stage of development. Kegan looks at development as a process of acquiring and surrendering these balances; these equilibrations being comprised of congruencies between the reality and the efficacy of the person's interactions with the reality. The cognitive, affective and bodily systems are regularly engaged in the processes of gathering information and evaluating it in relation to needs, standards and goals for the purpose of action aimed at adaptation.

The Self (Guidano, 1988) is viewed as the system which generates and integrates the meaning of the information derived from its various sources of knowing -- the body, emotions and cognition. This Self gains and utilizes knowledge while it experiences and influences its interactions and relationships with the world and itself. A relationship with itself (self-referenting system) is necessary to monitor the results of its acts. It is the structure which gives cohesion to the total organism's efforts. The Self gradually constructs from its resources increasingly complex structures which enable it to more effectively adapt to the demands of its construed reality. It accomplishes this task by developing cognitive structures that better enable it to disembed itself from its existing knowledge base and viewpoints. The Self gradually emerges as the primary organizing force as it achieves a unique and independent identity (in adolescence and early adulthood) separate from the earlier parental and environmental influences.

The infant's Self, engaged in interaction with its environment, is extremely dependent on that environment for survival, especially the primary caregivers. Engaged in reflexive activities, the infant gradually acquires a sense of mastery over its environment, and its body as an instrument for the attainment of goals and needs. The developing sense of mastery over oneself and one's world is precipitated by new cognitive structures that promote an understanding of other objects as independent and as having continuity in time and space outside of one's immediate perceptions of them; that is object permanence. This understanding allows for the development of means to mastery.

If the environment, or the child's actions upon the environment, consistently do not result in effective satisfaction of the child's needs, or in reduction of the discrepancies between the child's goals and his/her present state of affairs, the equilibration of the child's present constructs for adaptation can become destabilized. This basic process occurs both in normal development as well as in pathological maladaption. This loss of equilibration signals ineffective adaptive interactions which translates into the possibility of death. The affective response is anxiety, which produces a motivational state of readiness to act on achieving a renewed state of equilibration. The potential circumvention of that loss occurs through the process of accommodation, or the acquisition of new viewpoints and solutions, new integrations to reality, such that the child's acts become more efficacious.

Erikson (1950) has indicated that the fundamental challenge of the earlier stages of development involves acquiring a sense of trust, autonomy, initiative and industry; that living is a workable process that the child is capable of mastering. These affective equilibrations are increasingly complex tasks that require, from these neo-Piagetian perspectives, new cognitive constructs and abilities to accomplish.

Naturally, genetic, biological, environmental, and social factors all affect equilibration. It is very clear, however, that one of the most important variables influencing human development is the family system's functioning. It is reasonable to assume that the family system's success in meeting life's challenges and a child's needs, will provide information and experiences that will tend to support or disconfirm a sense of trust in the developing child. Research such as Bowlby's (1969) has tended to support the view that family systems not supplying a predictable, safe, supportive environment, tend to produce children with emotional deficits, and maladaptive behaviors and cognitions. The greater the degree of dysfunction in the family, the more likely there will exist dysfunction in the child and later adult. Satisfying relationships provide the ground for successful autonomy and mastery as well as the recapitulation of a nurturant ground for progeny.

A COGNITIVE-DEVELOPMENTAL CONCEPTION OF THE PROBLEM

Adult children of dysfunctional families are a pluralistic group. Yet common features have been identified as being characteristic of individuals reared in alcoholic homes. These characteristics include: (1) external referenting, (2) caretaking, (3) physical illness, (4) self-centeredness, (5)

control issues, (6) disowned feelings, (7) dishonesty, (8) fear of abandonment, (9) gullibility, (10) loss of morality, (11) fear, and (12) rigidity and judgmentalism (Schaef, 1986). Another representation of commonalities includes: (1) guessing at what normal is, (2) difficulty completing things, (3) trouble telling the truth, (4) self-criticism, (5) lack of spontaneity, (6) seriousness, (7) difficulty with intimacy, (8) overreaction, (9) approval seeking, (10) alienation, (11) perfectionism, (12) inappropriate loyalty, and (13) impulsivity (Woititz, 1983). Whatever the common characteristics, it is clear that a variety of clinicians and clients have identified some behavioral patterns that they see being closely related to their childhood experiences in an alcoholic family.

Given the above view of human beings as adaptive organisms whose adaptiveness depends upon the development and functioning of its knowing systems, a useful framework for conceptualizing the problems that arise in adult children of dysfunctional families may lie in understanding how the informational and relational modes of knowing come to operate ineffectively. A simple review of the above complaints and concerns demonstrates that these problems can readily be classified into cognitive and affective types of concerns -- information gather and utilization, and difficulties in relating to self and others.

The construed meaning of the information being acquired and processed is what determines a person's choices and behaviors. Meaning is a highly subjective phenomenon, yet few would disagree that one's environment has a tremendous impact upon one's meaning making beginning in infancy. The family and the community are seen as powerful influences upon the meanings we attach to what we know such that we often appear to be mirror images of our environments. However, the circumstances and resources available to any given person (internal and external), tend to make available a limited set of meanings for interpreting information. These limits are often stumbling blocks to new or more effective action strategies. Going beyond the information given is a fundamental characteristic of solving problems, making decisions, creativity, etc. This suggests that the meaning making that occurs in dysfunctional families inhibits disembedding oneself from one's viewpoint.

Perhaps the unique factor in the human endeavor has been the striving toward meeting and overcoming the challenges of constraint, in rising above every limitation, in transforming every stumbling block into a stepping stone. There is something in us that both loves and fears, seeks and avoids a challenge. The overarching theme in all of human activity has been engaging in the process of becoming from conception onward. However, becoming without constraint, like activity without a goal, is a fruitless endeavor or a loss; a death in the most extreme cases. Living beings' prime directive is toward the evolutionary force of life potentials being fulfilled; toward a balance of change within the constraints imposed, guided by the goals facilitating life maintenance and enhancement which spur every adaptive effort. Development itself appears to be a process of going beyond ourselves by disembedment from the safe nests of the known.

In order for the efforts of any components of a system to be effectively coordinated so as to fulfill the goals and purposes of the system, the goals and purposes of the larger organization must be in allignment with the goals and purposes of the components doing the work. When components of a system

are working at cross-purposes, the goals of none of the component systems are satisfactorily met. In order for this problem to be relieved, the meanings or purposes of the component systems must be made congruent. The dysfunctional family has goals, purposes, and meanings that are not congruent between its component parts.

It has become apparent through the work of Bowlby (1969), Erikson (1963), and others too numerous to mention, that the holding environment of home must provide a sense of trust, safety, security, and of being loved, valued and supported while the child is seeking a sense of autonomy and competence at coping with and solving life's challenges. Kegan (1982) has suggested that the issues of autonomy and competence are the fundamental issues that arise again and again in different forms throughout our lives, and our future adaptation to life's challenges frequently depend upon the quality of our initial experiences in the home. When what the family holding environment provides is too much frustration, insufficient challenge, or too great a distortion or incongruence of meanings, an in adequate equilibrium sufficient to sustain an optimal and congruent development of the self will occur.

It is unclear at the present time, the degree to which cognitive development, within the confines of a dysfunctional environment, is slowed or impaired. From my clinical experience, it appears likely that people are capable of growing up in improverished environments and suffering very little from it cognitively. By that I mean that they may be capable of performing various types of mental tasks with very superior ability. However, it does not mean that because they are capable of effective mental work that they are not also capable of great pain and dysfunctionality themselves. It appears that few escape the effective impairment and scarring that result from impaired home environments, and what is sadder is that the cycle is frequently recapitulated in the lives of those associated with them.

As Guidano (1987) noted, children often make good adjustments to bad situations, but cognitive abilities and emotional development tend to suffer. He suggests that dysfunctional family patterns reduce a child's ability to decenter and disembed themselves from his/her environment as high levels of arousal tend to disrupt the necessary attentional focus. He also suggests that this process causes the child to identify themselves with the least understood and most dysfunctional aspects of their cognitive organization. This may result in a temporary equilibrium being found in the family system. However, consistent exposure to intense emotional arousal distorts one's thinking processes. Cognitive distortions such as polarized thinking, arbitrary inference, overgeneralization that once served the purposes of adaptation to the family environment often are found to be ineffective in other circumstances.

In summary, intense emotional arousal interferes with effective thinking, and distorted thinking propagates inappropriate emotional arousal. Over time these patterns are identified with and crystalize into different types of patterns that inhibit further adaptive development. Cognitive dysfunction is viewed as the attempt to maintain one's patterns of meaning making, or concept of self, in the face of internal and perhaps eternal demands for change. Guidano (1987) elaborated upon four different pathologies that may result from growing up with dysfunctional family patterns: depression, agoraphobia, eating disorders, and obsessive-compulsive disorders.

IDENTIFICATION OF TYPICAL COGNITIVE-DEVELOPMENTAL PATTERNS

Dysfunctional families are by definition systems that are not stable and viable, that is systems that are not able to maintain and enhance their existence through effective interaction with the world and others. An artificial stability may be obtained through the utilization of defensive compensatory strategies such as projection, rationalization, inflexibility, compensatory strategies such as projection, rationalization, inflexibility, selective attention and inattention, denial, ignoring of losses, self-selective attention and inattention, denial, ignoring of losses, self-deceptions, and conspiratorial consensus, among others. Bowen (1978) has hypothesized that the family's defensive strategies can result in emotional impairment to the child, and that the "triangulated child" who is emotionally cut off from the family will develop other compensatory strategies for coping with their emotional needs.

We can look at the psychological problems that result from dysfunctional family patterns as being amenable to classification into three basic types. The categories I propose are patterns that tend toward similarity with the personality disorders, those that tend toward being similar to what used to be called neurotic disorders, and those I call the clinical syndromes. Each type of pattern has its own unique set of characteristics which distinguishes it fro the other patterns. There are both cognitive, affective and behavioral characteristics that can be identified in each category as well. Those patterns similar to personality disorders tend to have characteristics that appear to involve impoverished relationships with the parents. Those that tend toward the neurotic disorders exhibit characteristics that reflect enmeshed relationships. Those patterns falling into the category of clinical syndromes are characterized by mixed messages and ambivalence.

The types of cognitive organizational patterns suggested above are best conceived of as occurring on a continuum. Dysfunctional patterns of cognitive organization tend toward the extremes on the continuum. Adaptive functioning tends toward a balance in the middle of an assumed normal curve. Naturally the child's cognitive organization of meanings, and their development, are influenced by the parents' cognitive organizations of meaning. The parents manifest their influence most directly with the child through the parent-child interactions.

Parents whose interpersonal interactions with their children are characterized by unidirectional dominant/hostile communications tend to produce children who are deficient in relational competence and self-esteem, and who tend to exhibit antisocial behaviors, disruptive behaviors, hostility, withdrawal, and lack in empathy, spontaniety, and direction (Baumrind, 1971). Parental interactions with children characterized by submissiveness and dependence tend to result in cognitive organizational patterns that are characterized by impulsivity, dependence, irresponsibility, and aggression (Maccoby & Martin, 1983). Hoffman (1985) has also demonstrated that authoritarian and authoritative control result in diminished and enhanced empathy respectively.

One model that may be useful in conceptualizing these parent-child interactions is Leary's (1955, 1957); Andrews, 1989) work on interpersonal diagnosis, which delineates eight basic styles of interpersonal interaction

with implications for both normal and pathological orientations. It might be added that this model is consistent with research on parenting styles (Baumrind, 1971; Maccoby & Martin, 1983).

Leary's (1955, 1957); Andrews, (1989) model, on the vertical axis, suggests that Dominant styles are self-focused in their interactions, while Submissive styles are other-focused in orientation. His model also indicates that those who utilize Dominant strategies evoke the opposite in response from others -- Submissive behavior, and vice versa. However, on the horizontal axis of Friendly versus Hostile styles, those styles are their own complement. In other words, a Friendly style of interaction evokes a friendly response in others, and similarly for the Hostile world view. It tends to evoke the same. Friendly dominance would evoke a combination -- friendly submissiveness. This model is useful in providing possible directions for exploration, and identification of the client's self/world view and relational style. The client's self/world view and relational style will aid in the selection of the cognitive-developmentally appropriate interventions that are then utilized. Generally, the therapist's approach will be one that challenges the client's old patterns of functioning and promotes accommodation to new ways of functioning.

Traditional wisdom regarding alcoholic homes suggests that defensive family postures result in a set of basic response patterns in children: the Hero, the Mascot, the Lost Child, and the Rebel. These basic types of interactional patterns or world "visions" (Andrews, 1989) can be found in Leary's (1957) model. For Andrews, the basic interpersonal styles exhibited at each of the four poles of Leary's model correspond to four basic "visions" of life. Each basic vision also has its maladaptive version. Andrews has suggested that the Romantic Vision of life corresponds to Leary's Friendly style. It is an optimistic, lovable, cooperative vision of life. The maladaptive version, however, is rigidly agreeable, overconventional, and approval seeking. They are in denial of anger and controlling impulses in themselves. This vision of life corresponds to the traditional Mascot role in the alcoholic family.

Andrews' (1989) Ironic Vision corresponds to Leary's Hostile style. It is a style which challenges illusions, is skeptical, and critical. In its maladaptive form it exhibits bitterness, withdrawal, and distrust. This position corresponds to the role of the Rebel in the alcoholic family. While Andrews' Tragic Vision corresponds to Leary's Submissive style, which exhibits modesty, shyness, sensitivity, and humility. The maladaptive pattern is characterized by depression, guilt, self-deprecation, dependency and passivity. This style corresponds to the Lost Child in the alcoholic family. The fourth life vision Andrews calls the Comic Vision and its adaptive form is characterized by benevolent authority, manipulative action, responsibility, helping and giving. Overprotectiveness, compulsive helping, perfectionism and workaholism are typical of the maladaptive version. This is the Hero child in the alcoholic home. Andrews has delineated several other "visions" corresponding to the diagonal poles in Leary's model that are helpful in aiding adult children of dysfunctional families in obtaining a vantage point that enables them to disembed themselves from their current embedded viewpoint.

There are many directions that one can go using the above models, such as keeping diaries, writing narratives, illustrative life maps, use in discussion and counseling groups, etc. An additional method of expanding upon the findings obtained in the above process might involve utilizing Weinstein & Alschuler's (1985) Self-Knowledge model. They propose that there are stages in the development of our self-knowledge. The stages that they have postulated are the stages of: (a) Elemental Self-knowledge, (b) Situational Self-knowledge, (c) Pattern Self-knowledge, and (d) Transformational Self-knowledge. This method makes use of the individual's verbalizations to determine the client's level of self-knowledge. The verbalizations at the Elemental level contain wording that is simplistic in its descriptive power in that it reflects the elements of a situation like a camera or tape recorder. The Situational stage is somewhat more sophisticated and includes descriptions of the whole situation over time but remains embedded in the situation. On the level of Pattern Self-knowledge, the individual describes internal meanings and how they are consistent across situations. The Transformational stage includes descriptions of how the client monitors and modifies their patterns of behavior. It is very similar to Andrews' (1989) "World Visions" model discussed above but examines the expression of one's cognitive organizational patterns rather those factors that have influenced the formation of those cognitive patterns. There are other models, such as Lyddon's Root Metaphor Theory and Freire's stage development models (Alschuler, 1986), that can contribute something to this type of approach as well.

COGNITIVE-DEVELOPMENTAL THERAPY

The models described above have aided us thus far in identifying contextual and affective factors contributing to the dysfunctional patterns exhibited in the lives of adult children of dysfunctional families. Some of those models have suggested methods for facilitating the growth of the person beyond their embedded viewpoints toward more viable world views and efficacious functioning. I have stated also above that the role of a therapist in this process usually involves challenging the world views of the client. Ivey (1986, 1988) has provided us with some more cognitively oriented methods of facilitating the client's construction of new world views by providing us with a neo-Piagetian schema for identifying the level of cognitive operations at which the client is functioning. Similar to Alschuler's (1986) model of self-knowledge, Ivey directs us to monitor the verbalizations of our clients.

Ivey's model (1988) includes descriptions of cognitive levels of functioning, including the Senorimotor Stage, in which verbalizations exhibit "bits and pieces" of thought and action; the Concrete Operations Stage which involves cognitions that are concrete and specific in their description of situations; the FOrmal Operations Stage which involves description of patterns of behavior embedded in pure thought; and lastly, the Dialectic Stage which demonstrates awareness of person-environment interactions. Once the client's mode of cognitive functioning has been identified, Ivey recommends that the method of therapy utilized be matched with the client's level of cognitive functioning. He suggests that the Senorimotor client needs a therapy that emphasizes sensory and emotional experience such as may be provided by Gestalt therapy and the body therapies such as Bioenergetics. He also includes for this group environmental structuring as a method of influence.

For Concrete Operational clients, Ivey recommends behavioral models and others such as Reality Therapy where behavior is concrete and tied to specific situations. Existential and cognitive therapies are viewed as more appropriate for clients functioning at the level of Formal Operations. These clients are more likely to benefit from orientations that are primarily mental. Object Relations and Feminist therapies were recommended for Dialectical clients whose concerns involve the interactions between environments and persons.

Ivey (1988) makes an excellent point when he states that clients come to counseling at the Sensorimotor stage relative to their problems. They are identified with their problems, embedded in them, and see the world through them. They are their feelings. The above models were selected because they provide direction and tools relative to aiding individuals in the exploration and identification of the cognitive patterns in which they are embedded that determine their behavior. Adult children of dysfunctional families are often pained and confused survivors who welcome a chance for freedom from the bondage of their own viewpoints and the joy of becoming.

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